

Comprehensive Individual Treatment/Recovery Plan

Revised 3/9/15

PLAN START DATE:

Client Rick Jones

Name:

PLAN END DATE:

MPI/Client#: 12345

Program Assignment:

CSP Team

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ANSWER KEY:

Goal 1: Interventions

BHH Service

Coding

1.a.1 Health Promotion

H2027 (Psycho-Ed Face to Face)

1.a.2 Patient and Family Support

T1016 or T116C/T1016/PH, depending on task. (Case Management face to face or case management by phone)

1.a.3 Care Coordination

TCM03/2023T/CL (TCM with collateral)

1.a.4 Care Management

TCM01/2023T (TCM with client face to face)

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Program Assignment: **CSP Team**

Reason(s) for Recovery Plan completion:

- Initial Plan
 90 day review and Update
 Goal/Objective attainment or change

Comments on above if necessary:

Rick is now eligible for enhanced services with the agency, through the Behavioral Health Home Initiative.

Goal #2: (Long Term, in person's own words): I want to find a primary care doctor and maintain regular appointments to better control my blood sugar.	
Client Strengths & Supports, including Natural Community Supports: Strong family support; increasing recognition that controlling blood sugar will improve quality of life; desire to be independent in scheduling and keeping doctor's appts	Barriers/ skills development needed, i.e., what specific /needs from assessment(s) will be addressed to achieve this goal Cognitive symptoms lead to forgetfulness; needs assistance with finding a primary care doctor, as well as scheduling and keeping appts; will benefit from care coordination, referral, and patient support services.
Goal 2 Obj. a	Objectives: (a, b, c, etc.) Using action words, describe the specific changes expected in measurable and behavioral terms, and include target date. Consider stage of change/readiness in developing objective and setting target date. a) Within 60 days, Mr. Jones will have found a doctor and demonstrate his ability to remember his appointment, as evidenced by completed intake appointment.

Interventions/Action Steps	Responsible Person, with credentials if applicable	Type of service/ Program TCM/CSP/RP/ Med Man/ Nat Support	Frequency: How Often	Est. # of Minutes for each Intervention	Duration/ For How long
Include detailed descriptions of rehabilitation interventions to be provided: 1:1 prompting, cuing, coaching, demonstrating, step by step written and/or verbal directions, visual and verbal directions.					
2.a.1 Inform and Advise Mr. Jones about the dangers of high blood sugar on his entire body, and the importance of controlling blood sugar levels, through an educational group provided at the agency. (BHH SERVICE?)		Any	Once	1 hour	1 day
2.a.2 Collaborate with primary care offices to identify potential practices for Mr. Jones can attend and ones he wants to attend. (BHH SERVICE?)		TCM or CSP	Once	30 mins	2 weeks
2.a.3 Coordinate and submit referral to physician's office. (BHH SERVICE?)		TCM	Once	30 mins	2 weeks
2.a.4 Plan with and coach Mr. Jones to identify the best way for him to remember his appointments with his new doctor. (BHH SERVICE?)		CSP	2xMonth	30 mins	2 mos.
2.a.5 Call Mr. Jones the day before his appointment to ensure he has a plan to remember the appt time and a plan for transportation to the appt. (BHH SERVICE?)		CSP	Once	15 mins	2 mos.

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Goal 2: Interventions

BHH Service

Coding

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| 2.a.1 | Health Promotion | H227A or H2027/HQ (Psycho-Ed Group) |
| 2.a.2 | Comprehensive Care Management or Care Coordination | T116B/T1016/CL (Case Mgmt with Collateral) or TCM03/2023T/CL (TCM with Collateral) |
| 2.a.3 | Referral to Community Support Services | TCM03/2023T/CL (TCM with Collateral) |
| 2.a.4 | Patient and Family Support | T1016 (Case Mgmt with Client Face to Face) |
| 2.a.5 | Patient and Family Support | T116C/T1016/PH (Case Mgmt with Client by Telephone) |